# The Life Safety Connection



#### **Holes in Fire-Rated Doors**

Affects: All Facilities

When fastener holes are left in a fire door or frame due to changes or removal of hardware, the holes must be repaired by installing steel fasteners that completely fill the holes, filling the screw or bolt holes with the same material as the door or frame, or filling holes with material listed for this use and installed in accordance with the manufacturer's procedures.

Wood putty, epoxy putty, steel reinforced putty, automotive body filler, caulking, and fire-caulking not listed for the repair of fire door assemblies are not acceptable repair methods for fire-rated doors and frames.

If repairs cannot be made in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives, the fire-rated door or fire-rated door frame shall be replaced.

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### Senate Bill 2317

Affects: All Facilities

During the recent North Dakota legislative session, the legislature passed Senate Bill 2317. This bill was subsequently signed by the governor and went into effect immediately.

One of the modifications to state law in SB 2317 directed the North Dakota Department of Health to change how we prioritize construction projects for review. North Dakota Century Code, Section 23-01-37(3) states, "The state department of health shall make a determination on a construction, renovation, or construction and renovation project of no more than one million dollars within sixty days of receipt of a complete application."

This law is now in effect. All construction projects received by the department which have a project cost of no more than one million dollars will be given priority for review to ensure the initial review is completed within sixty days from receipt.

## **Egressing Through Hazardous Areas**

Affects: Hospitals, Skilled Facilities, and Large Basic Care Facilities

Exit access shall be arranged so that you do not pass through any hazardous areas, which are identified in Table 18/19.3.2.1, Table 32.3.3.2.2, and Section 33.3.3.2.2 of NFPA 101, *Life Safety Code*. This means egressing from occupied areas in hospitals, skilled facilities, and large basic care facilities is not permitted to pass through

hazardous rooms or areas. One example that we often see is an enclosed maintenance office egressing through a maintenance shop. Another example would be egressing from an enclosed occupiable room through a shelled space that is used for storage because rooms used for storage are usually considered hazardous.

## **Corridor Projections**

Affects: All Facilities

Surveyors and inspectors are always on the lookout for objects that obstruct the means of egress in corridors of hospitals and nursing facilities. In 2016, the Centers for Medicare and Medicaid Services (CMS) determined they would enforce the more restrictive projection requirements of the NFPA *Life Safety Code* (LSC) and Americans with Disability Act (ADA). The ADA enforcement is for individuals with vision impairments who would not see the projection or detect them with a cane.

The following allowable dimensions are the compilation of the two enforcement guidelines:

- LSC (2012) Section 7.3.2.2 allows a maximum projection in the required means of egress of 4-1/2" from floor level up to 27" above finish floor level.
- A maximum projection of 4" (with an exception of 4-1/2" for handrails) is allowed in ADA (2010) Section 307.2 from 27" to 80" above finish floor level.
- There are no projection restrictions from 80" above the finished floor to the ceiling.

Please evaluate your facility to determine if any items are in violation with the above maximum projections and make the necessary corrections. You should also consider these requirements when installing new items.

## **NO EXIT Signage**

Affects: Hospitals, Nursing Homes, ASCs, ESRDs, and Large Basic Care Facilities

Having a door in your facility that leads to the outside but is not part of your means of egress may confuse residents and visitors, especially a glass door or a door with windows on the side which makes it obvious that it leads to the outside. The door may lead to an enclosed courtyard or to an area that may not have a compliant sidewalk leading to a public way. If the door is not a required exit and not part of your egress to a public way it needs to be identified as such.

The 2012 Life Safety Code states the door needs to be identified as NO EXIT. The code is very specific as to the wording and size of the lettering. The word NO must be letters 2" in height with a stroke width of 3/8". The word EXIT must be letters 1" in height and the word EXIT must be below the word NO.

The reference for NO EXIT signage can be found in the 2012 NFPA 101, *Life Safety Code*, 7.10.8.3.





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## Monthly Visual Inspection of the Kitchen Hood System (Wet Chemical Systems)

Affects: All Facilities With A Kitchen Hood System

The kitchen hood fire extinguishing system is required to be maintained semi-annually and the fusible links are to be replaced annually. However, the owner's representative (which is usually the facility manager) is required to perform monthly visual inspections of the cooking hood extinguishing system. These requirements can be found in Section 7.2 of NFPA 17A, Standard for Wet Chemical Extinguishing Systems, 2009 edition (for wet chemical systems). At a minimum, the inspection must verify the following:

- The extinguishing system is in its proper location.
- The manual actuators (pull stations) are unobstructed.
- The tamper indicators and seals are intact.
- The semi-annual maintenance tag or certificate is in place.

- No obvious physical damage or condition exists that might prevent operation.
- The pressure gauge(s), if provided, is inspected physically or electronically to ensure it is in the operable range.
- The nozzle blowoff caps, where provided, are intact and undamaged.
- Neither the protected equipment (hood) nor the hazard (cooking appliances) has been replaced, modified, or relocated.

A record of this monthly inspection is required to be maintained and is usually documented on the semi-annual inspection tag tied to the manual pull station that activates the system. The date the inspection is performed and the initials of the person performing the inspection must also be recorded.

#### **Visual Notification Device Installation**

Affects: All Facilities

A fire alarm notification appliance is an active fire protection component of a fire alarm system. A notification appliance may use audible, visible, or other stimuli to alert the occupants of a fire. In this article, we will be discussing locations of visual notification devices.

A visual notification device flashes 1 to 2 times per second when activated. A visual notification device may be installed on a wall or ceiling. A wall-mounted appliance must be mounted not less than 80" and not greater than 96" above the finished floor or at the mounting height specified using the performance-based alternative of 18.5.4.5 of the 2010 edition of NFPA 72, *National Fire Alarm and Signaling Code*. Where low ceiling heights do not permit mounting at a minimum of 80", visual appliances must be mounted within 6" of the ceiling. Visual notification devices may also be installed on the ceiling but must follow Table 18.5.4.3.1 of NFPA 72.

When installing visual notification appliances in a corridor, they must be located 15 ft from the end of every corridor and not more than 100 ft between each visual notification device. If the corridor is split by either doors or ceiling elevation changes, then these areas must be treated as separate corridors. If two visual notification devices can be seen from the same location, then they must both flash in synchronization.

All requirements for visible notification appliances may be found in Chapter 18 of the 2010 edition of NFPA 72, *National Fire Alarm and Signaling Code*.

#### **Newsletter Ideas**

If there is a topic you would like to see addressed in future editions of this newsletter, please email us at <a href="mailto:lsc@nd.gov">lsc@nd.gov</a> and we will consider your submission for future publication.

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